69	SENDER:		t also wish As assaults Abs	•
.2	 Complete items 1 and/or 2 for additional services. 		I also wish to receive the	
9	Complete items 3, and 4a & b.		following services (for an extra	8
ž	 Print your name and address on the reverse of this form so that we can return this card to you. 		fee):	`\$
the reve	Attach this form to the front of the mailpiece, or on the back if space does not permit.		1. 🗆 Addressee's Address	Ser
	Write "Return Receipt Requested" on the mailpiece below the enticle number. The Return Receipt will show to whom the article was delivered and the date.		2. Restricted Delivery	ceipt
Ę	delivered.		Consult postmaster for fee.	9
ĕ	3. Article Addressed to:	4a. Arti	cle Number	Œ
lete	Ms M. LORETTA LOPINOT CKHOKIA PUBLIC LIBRARY	P	851 379 435	
dwo	CKHOKIA PUBLIC LIBRARY	│ 4b. Service Type │ □ Registered □ Insured		R
(0)	140 CAHOKIA PARK DR. To	Certi		g
RES	CAHOKIA, IL 62206		ess Mail Return Receipt for Merchandise	r usi
ADD		7. Date	of Delivery G-29-94	ou fo
TURN	5. Signature (Addressee)	Addressee's Address (Only if requested and fee is paid)		nank)
our RE	6 Signature (Agent)			F
ls y	S Form 3811, December 1991 *U.S. GPO: 1992-323-402 DOMESTIC RETURN RECEIPT SAUGET AREA 2 SAE			